

Manchester School District

**INDIVIDUAL 3 YEAR PROFESSIONAL DEVELOPMENT PLAN**

Name:

School & Current Position:

Certification area(s): 1.

2.

3.

Certification Cycle: Red White Blue Certification expiration date: June 30, 20 \_\_\_\_\_

1. List **one or more district goal(s)** that this plan addresses.

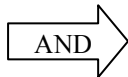
- a. To develop district-wide consistency in the delivery of standards-based curriculum, instruction, assessment and intervention to support individual students' growth towards proficiency.
- b. To develop and implement effective and timely communication processes that will increase collective ownership among district leadership, faculty/staff members, parents/guardians, students, and community members to provide an environment that is conducive to improved student achievement.

2. List **one or more school goal(s)** that this plan addresses.

a.

b.

3. List at least one SMART goal for knowledge of each certification area.



Explain how this goal will **specifically improve student learning** and **what data/evidence you will collect.**

Area #1

Area #1

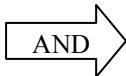
Area #2

Area #2

Area #3

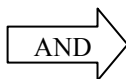
Area #3

4. List at least one SMART goal related to knowledge of learners and learning.



Explain how this goal will **specifically improve student learning** and **what data/evidence you will collect**.

5. List at least one SMART goal related to developmentally appropriate educational strategies and best practices for your current position.



Explain how this goal will **specifically improve student learning** and **what data/evidence you will collect**.

6. Select option for plan completion: 1 (CEUs only) 2 (Evidence Based Portfolio) 3 (Combination of 1 and 2)

\_\_\_\_\_  
Educator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Designee's Signature

\_\_\_\_\_  
Date

Form 3 – Due to PDC by **October 1** in Year 1 of certification cycle  
Reference – *Section 9, Documentation of Professional Learning*

Form adapted from SAU #53, PDMP 2008-2013